

Behavioral Health Workforce Legislation in the 111th Congress

Apr. 8, 2010

The U.S. behavioral health workforce faces a shortage of providers and other professionals, particularly for individuals in rural areas, children, and the elderly. In 2003, the President's New Freedom Commission on Mental Health called for a comprehensive plan to bolster recruitment, retention, diversity, and skills training in the behavioral health workforce. Similar statements have been made regarding addiction professionals.

The National Council for Community Behavioral Healthcare has promoted a number of efforts to strengthen the behavioral health workforce. For example, we have encouraged expanded participation by behavioral health providers in the [National Health Service Corps Loan Repayment Program](#), which supports fully trained health professionals to provide culturally competent, interdisciplinary services to underserved populations nationwide.

This fact sheet provides summaries of the bills introduced in the current Congressional session to address issues related to the behavioral health workforce. **Sections in blue indicate the items that were included as part of the healthcare reform legislation enacted in March 2010.** The National Council will continue to advocate for investments in the behavioral health workforce as part of an effort to reduce the shortage of providers and other professionals and facilitate access to needed training for those individuals. Stay tuned to the [Public Policy Update](#) to track the progress of these bills.

Workforce Provisions of The Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152)

In March 2010, President Obama signed into law two bills that together enacted a large-scale reform of the U.S. healthcare system. Healthcare reform includes several provisions for the development of the behavioral health workforce:

- **Training for Behavioral Health Professionals:** Authorizes \$35 million for awarding grants to schools for the development, expansion, or enhancement of training programs in social work, graduate psychology, and child and adolescent mental health.
- **Loan Repayment for Pediatric Behavioral Health Specialists in Underserved Areas:** Establishes a loan repayment program for individuals employed in medically underserved areas who provide child and adolescent mental and behavioral healthcare, including substance abuse prevention and treatment services. \$20 million is authorized for each year from 2010-2013.
- **Training Opportunities for Direct Care Workers:** Creates a grant program for institutions of higher education to provide new training opportunities for direct care workers employed in

long-term care settings such as nursing homes, assisted living facilities, intermediate care facilities for individuals with mental retardation, and home and community based settings.

- **Allied Health Workforce Recruitment and Retention (Sec. 5205):** Authorizes an Allied Health Loan Forgiveness Program for allied health professionals, defined as direct care workers, including those involved in rehabilitation services, who are employed in a health professionals shortage area. An advanced degree or certificate is required, but individuals with a degree in medicine, social work, clinical psychology, or counseling are not eligible.
- **Educating Primary Care Providers about Behavioral Health:** Establishes a Primary Care Extension Program to educate primary care providers about chronic diseases, including mental health and substance use disorder prevention and treatment. \$120 million is authorized for 2011 and 2012, and such sums as may be necessary for 2013-14.
- **National Health Care Workforce Commission:** Creates a commission to study the health care workforce in the U.S. and make recommendations to increase its effectiveness. Mental and behavioral health professionals are explicitly included as a profession to be studied.
- **Grants for the Establishment of Model Curricula for Working with Individuals with Disabilities:** Modifies an existing grant program for health professions education for the reduction of health disparities to include grants for the establishment of model curricula for working with individuals with disabilities.
- **United States Public Health Track:** Creates a new education and training program for health professions students emphasizing team-based service, public health, epidemiology, and emergency preparedness and response. At least 100 behavioral and mental health professional students must be admitted annually. Appropriates “such sums as may be necessary” for the program, to be transferred from the Public Health and Social Services Emergency Fund.
- **National Health Service Corps:** Authorizes yearly increases in funding for the National Health Service Corps, beginning in 2010.

Community Mental Health Services Improvement Act ([H.R. 1011/S. 1188](#))

Rep. Gene Green (D-TX) introduced H.R. 1011, co-sponsored by Reps. Sheila Jackson-Lee (D-TX) and Tim Murphy (R-PA), on February 12, 2009. Sen. Jack Reed (D-RI) on June 4, 2009, introduced companion legislation, S. 1188, co-sponsored by Sens. Lisa Murkowski (R-AK) and Sheldon Whitehouse (D-RI). The bill, which includes several provisions to expand and improve the behavioral health workforce, would:

- Authorize grants for demonstration projects to provide coordinated and integrated care to individuals with mental illnesses who have co-occurring primary care conditions and chronic diseases through the co-location of primary and specialty care services in community-based mental and behavioral health settings;
- Specifically make funds available for the development or expansion of programs to provide integrated care for individuals with a serious mental illness and a co-occurring substance use disorder; and
- Establish grants for programs to address behavioral and mental health workforce needs of designated mental health professional shortage areas.

Child Health Care Crisis Relief Act ([H.R. 1932/S. 999](#))

Rep. Patrick Kennedy (D-RI) introduced H.R. 1932, which has 16 co-sponsors, on April 2, 2009. Sen. Jeff Bingaman (D-NM) on May 7, 2009, introduced companion legislation, S. 999, which has six co-sponsors. The bill, which includes provisions to improve the behavioral health workforce for children and adolescents, would establish programs to provide:

- Repayment of educational loans in exchange for the provision of mental health services to children and adolescents;
- Scholarships to students who agree to work as child and adolescent mental health service professionals after graduation or completion of residency or fellowship;
- Competitive grants to higher education institutions to establish or expand internship or other field placement programs for students who receive specialized training or clinical experience in child and adolescent mental health;
- Grants to state-licensed mental health organizations to pay for programs for pre-service or in-service training of paraprofessional child and adolescent mental health workers; and
- Grants to higher education institutions to establish or expand graduate child and adolescent mental health programs.

The legislation also would allow an increase in the number of residents or fellows in child and adolescent psychiatry under the Medicare Graduate Medical Education program and extend the period of eligibility for board certification for those residents and fellows from four years to six years.

Loan Repayment for Pediatric Providers in Healthcare Reform

As noted on p. 1, healthcare reform included the creation of a new Pediatric Specialty Loan Repayment Program for individuals employed full-time in medically underserved areas, “providing pediatric medical subspecialty, pediatric surgical specialty, or **child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.**”

Student Support Act ([H.R. 1338](#))

Rep. Barbara Lee (D-CA) introduced H.R. 1338 on March 5, 2009. This bill, which includes provisions to support the hiring of additional school-based mental health and student service providers, would:

- Provide matching grants of at least \$1 million to states for allocation to local educational agencies to hire additional school-based mental health and student service providers;
- Recommend a reduction in student-to-provider ratios in elementary and secondary schools to 250-to-1, as advised by the Institute of Medicine of the National Academy of Sciences, with school counselors, school psychologists or other psychologists, child or adolescent psychiatrists, and school social workers included among those providers; and
- Require grants to states and state allocations to local education agencies to follow specified formulas that account for the share of children in poverty in the state and school district.

Mental Health in Schools Act ([H.R. 2531](#))

Rep. Grace Napolitano (D-CA) introduced H.R. 2531, which has 43 co-sponsors, on May 20, 2009. The legislation, which includes provisions to improve delivery of comprehensive mental health services to students, would:

- Extend the Safe Schools-Healthy Students program administered by the Substance Abuse and Mental Health Services Administration;
- Provide for comprehensive, culturally and linguistically appropriate staff development for school and community service personnel who work in schools to identify and support students in need of immediate mental health services and those at risk for behavioral health disorders to allow teachers to focus on teaching students; and
- Distribute funds from SAMHSA to LEAs that form partnerships with public or private community agencies and programs involved directly or indirectly with mental health.

Improving the Quality of Mental and Substance Use Health Care Act ([H.R. 2369](#))

Rep. Patrick Kennedy (D-RI) and 3 cosponsors introduced H.R. 2369, which is intended to promote the use of evidence-based practices in MH/SUD treatment and streamline and improve federal financing for these services. The bill directs HHS to establish a Council on the Mental Health and Substance Use Health Care Workforce. The Council is tasked with developing a comprehensive plan to strengthen the capacity of the workforce to deliver high quality MH/SUD care. The plan must:

- Identify the specific clinical competencies that all mental health and substance use professionals should possess in order to be certified or licensed;
- Identify the specific mental health and substance use education that should be required of all health care professionals and integrated into their medical education and training;
- Propose national standards for the credentialing and licensure of mental health and substance use health care providers based on core competencies that should be included in curricula and education programs across all the mental health and substance use disciplines;
- Propose programs for funding from Federal, State, and local governments and the private sector to address and resolve long-standing workforce issues such as diversity, cultural relevance, faculty development, training effectiveness, continuing shortages of well-trained clinicians needed to work with children and the elderly and in high-need areas, and programs for training competent clinical supervisors and administrators; and
- Provide for continuing assessment of mental health and substance use workforce trends, issues, and financing policies.

National Workforce Commission in Healthcare Reform

As noted on p. 1, healthcare reform included the creation of a National Healthcare Workforce Commission to study the healthcare workforce in the U.S. and make recommendations to

increase its effectiveness. Mental and behavioral health professionals are explicitly included as a profession to be studied.

Juvenile Crime Reduction Act ([H.R. 1931](#))

Rep. Patrick Kennedy (D-RI) introduced H.R. 1931, co-sponsored by Reps. Rosa DeLauro (D-CT) and Pete Stark (D-CA), on April 2, 2009. The legislation, which would seek to improve the treatment of juveniles with mental health or substance use disorders, would allow the Office of Juvenile Justice and Delinquency Prevention to award grants to public agencies to develop plans to address the service needs of youths with mental health or substance use disorders who have or might have contact with the juvenile justice system, as well as train mental health and substance use disorder service providers and others who make decisions related to cases that involve youths who enter the system. Under the bill, this training would emphasize:

- The availability of standardized, validated, age appropriate, and culturally competent screening and assessment tools and the effective use of those tools in efforts to divert juveniles from secure confinement into home-based and community-based care;
- The purpose, benefits, and availability of home-based and community-based mental health or substance use disorder treatment programs available to juveniles;
- Public and private programs available to juveniles to pay for home-based and community-based mental health or substance use disorder treatment programs; and
- The appropriate use of effective home-based and community-based alternatives to juvenile justice or mental health system institutional placements.

In addition, the legislation would authorize OJJDP to award grants for the establishment of four regional research, training, and technical assistance centers focused on similar issues.

Supporting Uniformed Personnel by Providing Oversight and Relevant Treatment for Substance Use Disorders Act (SUPPORT Act) ([H.R. 3420/S. 459](#))

The SUPPORT Act was introduced in the House by Rep. Patrick Kennedy (D-RI) and 9 cosponsors and in the Senate by Sens. Claire McCaskill (D-MO) and Bob Corker (R-TN). This legislation requires the Department of Defense to create a plan for the improvement and enhancement of substance use disorder programs and activities for members or the armed forces and their dependent family members. The plan must include instructions on “the appropriate training of health care professionals in the treatment of such disorders.”

Graduate Psychology Education Act ([S. 811/H.R. 2066](#))

Sen. Daniel Inouye (D-HI) introduced S. 811, co-sponsored by Sen. Debbie Stabenow (D-MI), on April 2, 2009. Rep. Gene Green (D-TX) on April 23, 2009, introduced companion legislation, H.R. 2066, co-sponsored by Tim Murphy (R-PA). The bill would establish grants, cooperative agreements, and

contracts for accredited doctoral, internship, and residency programs in psychology for the development and implementation of programs to provide interdisciplinary training in integrated health care settings to students in doctoral psychology programs.

Positive Aging Act ([H.R. 3191](#))

Rep. Patrick Kennedy (D-RI) introduced H.R. 3191, which has four co-sponsors, on July 13, 2009. The legislation would establish grants for demonstration programs that integrate mental health services for older adults into primary care settings and support the establishment and maintenance of interdisciplinary geriatric mental health outreach teams in community settings where older adults reside or receive social services. In addition, the bill would require the Center for Mental Health Services to designate a deputy director for older adult mental health services to develop and implement initiatives to address the mental health needs of older adults.

Mental Health on Campus Improvement Act ([S. 682/H.R. 1704](#))

Sen. Richard Durbin (D-IL) introduced S. 682, which has eight co-sponsors, on March 24, 2009. Rep. Janice Schakowsky (D-IL) on March 25, 2009, introduced companion legislation, H.R. 1704, which has five co-sponsors. The bill would establish grants that institutions of higher education could use to improve mental and behavioral health services and outreach on college and university campuses, as well as hire staff and expand mental health training opportunities.

Methamphetamine Education, Treatment, and Hope Act ([H.R. 2818](#))

Rep. Jerry McNerney (D-CA) on June 11, 2009, introduced H.R. 2818, which has five co-sponsors. The legislation would require the Center for Substance Abuse Treatment to collaborate with professionals in the addiction field and primary healthcare providers to raise awareness among providers about recognition of the signs of substance use disorders and apply evidence-based practices for the screening and treatment of individuals who have or might develop those types of conditions.

Rural Preventive Health Care Training Act ([S. 113](#))

Sen. Daniel Inouye (D-HI) introduced S. 113, which has no co-sponsors, on January 6, 2009. The legislation would establish grants and contracts for preventive healthcare training of rural practitioners, with a focus on both physical and mental health disorders. Under the bill, this training would focus on the prevention of both physical and mental disorders before the initial occurrence of those types of conditions, and HHS would encourage, but could not require, the use of interdisciplinary training project applications.

7th Generation Promise: Indian Youth Suicide Prevention Act ([S. 1635](#))

Sen. Byron Dorgan (D-IL) introduced S. 1635, which has nine co-sponsors, on August 6, 2009. The Indian Affairs Committee approved the legislation on December 3, 2009. The bill would authorize the Department of Health and Human Services to begin a demonstration project to award as many as five grants to American Indian tribes and tribal organizations that provide telemental health services to American Indian youths who have expressed suicidal ideas, have attempted suicide, or have mental health conditions that increase or could increase their risk for suicide. Among other requirements, recipients would have to use the grants to provide medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to clinicians and healthcare providers who work with American Indian youths served under the project.

Autonomy for Psychologists and Social Workers Act ([S. 56](#))

Sen. Daniel Inouye (D-HI) introduced S. 56, which has no co-sponsors, on January 6, 2009. The legislation would remove a restriction under current law that clinical psychologists or clinical social workers can provide services in a comprehensive outpatient rehabilitation facility only to patients under the care of a physician.

Children's Hospitals Education Equity Act ([S. 830/H.R. 2003](#))

Sen. Sheldon Whitehouse (D-RI) introduced S. 830, co-sponsored by Sen. Bernie Sanders (D-VT), on April 20, 2009. Rep. Patrick Kennedy (D-RI) on April 21, 2009, introduced companion legislation, H.R. 2003, which has three co-sponsors. The bill would include certain freestanding children's psychiatric hospitals under the program of federal payments to children's hospitals that operate graduate medical residency training programs.

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